

PART B - FEE(S) TRANSMITTAL

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1. DATE OF MAILING OR TRANSMITTAL
2. SIGNATURE
3. NAME

77042 7504 02690309
Perkins Coie LLP
P.O. Box 1208
Seattle, WA 98111-1208

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	COMBINATION NO.
100798399	09/12/2004	Vijay T. Chinniah	67272.608.1350	6882

TITLE OF INVENTION: PRE-SUMMARIZATION AND ANALYSIS OF RESULTS GENERATED BY AN AGENT

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRC. PAID DUE FEE	TOTAL FEE DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/11/2009

EXAMINER	ART UNIT	CLASSIFICATION
WU, YICUN	2109	707-200006

1. Change of correspondence address or indication of a "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB-422 attached

☒ Fee Address indication (or "Fee Address") indication form PTO/SB-427, Rev. 03-02 or more recent attached. Use of a Customer Number is required.

2. For pointing up the patent from page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PERKINS COIE LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

NETXEP, INC.

Sturtevant, CA

Please check the appropriate assignee category or categories; (will not be printed on the patent).

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) is/are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Notice - # of Copies

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- ☐ A check is enclosed
☐ Payment by credit card: Form PTO 3058 is attached
☒ The Fee(s) is/are submitted to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 92-2287 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature Jordan M. Becker

Date April 14, 2009

Typed or printed name Jordan M. Becker

Registration No. 29,592

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